

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-046499

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3591

VS 300  
Rev. 4/59

1 4012

2 4013

3 2

4 1

5 1

6

7 0

8 2

9 420.1

10

11

12 90-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Florissant</b>		c. CITY OR TOWN <b>Florissant</b>	
Length of stay in lb <b>Life</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>#1 Elm Drive</b>		d. STREET ADDRESS (If outside, give location) <b>790 Jefferson Street</b>	
3. NAME OF DECEASED (Type or print) <b>Gertrude Moellering</b>		4. DATE OF DEATH Month <b>November</b> Day <b>22</b> Year <b>1963</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7/14/191</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>	9. AGE (last birthday) <b>72</b>
11a. FATHER'S NAME <b>Bernard Gettemeier</b>		11b. MOTHER'S MAIDEN NAME <b>Theresa Behlmann</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		14. NAME OF HUSBAND OR WIFE <b>Joseph Moellering</b>	
15. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b> DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) <b>1940</b>		16. SOCIAL SECURITY NO. <b>11-20-63</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>7:14</b> a.m. <b>p.m.</b> Month, Day, Year <b>11-22-63</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Florissant, Missouri</b>	
21. I attended the deceased from <b>1-19-61</b> to <b>11-22-63</b> and last saw her alive on <b>11-22-63</b> Death occurred at <b>7:14 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Ray Johnson M.D.</b>		22b. ADDRESS <b>Ferguson, Mo.</b>	
22c. DATE SIGNED <b>11/23/63</b>		23. NAME OF CEMETERY OR CREMATORY <b>Sacred Heart Cemetery</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>11/25/63</b>	
23c. LOCATION (City, town, or county) <b>Florissant, Missouri</b>		23d. LOCATION (City, town, or county) <b>Florissant, Missouri</b>	
24. FUNERAL DIRECTOR <b>White-Mullen Mort. Ferguson, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>11-23-63</b>	
26. REGISTRAR'S SIGNATURE <b>John B. Murphy M.D.</b>		26. REGISTRAR'S SIGNATURE <b>John B. Murphy M.D.</b>	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

RECEIVED JUN 26 1964

St. Louis

St. Louis

Florian

Life

Florian

700 Jefferson Street

21 Elm Drive

November 1964

Working

Gertrude

75

7/24/91

Flora

Female

U.S.A.

Florida and Missouri

At Home

Hesswife

Joseph Lohmann

Theresa Lohmann

Reinhold Gatterer

Joseph Lohmann, Florissant, Mo

None

No

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed Reinhold F. Lohmann

Licensed Embalmer No. 3395

P. O. Address St. Louis 35 Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Florian, Missouri

Sacred Heart Cemetery

11/25/63

Burial

White-Miller Inc. No. 2000, Mo.